

BERNALILLO COUNTY
Environmental Health
111 Union Square SE, Suite 300
Albuquerque, NM 87102
Main Phone: 314-0310 Fax: 314-0470



WASTEWATER EVALUATION & INSPECTION FORM

Operator Permit Appl. # _____

Department Use Only
Staff: _____

Date: _____

GENERAL INFORMATION (To be completed by Owner or Owner's Representative):

Owner _____ Phone _____

Mailing Address _____ City _____ State _____ Zip _____

Site Address _____ Lot Size _____

UPC# _____

Is dwelling unoccupied (yes or no. For how long?) _____ Number of bedrooms in dwelling: _____

Number of people occupying dwelling: Currently _____ Anticipated _____

Original septic system (yes or no) _____ Is there a garbage disposal (yes or no) _____

Date of installation _____ date tank was last pumped _____

Has there ever been a backup in the house? _____ Yes _____ No _____ Don't Know _____

List any known repairs made to system _____

Has another company inspected the system recently? _____ Yes _____ No _____
If so, did it fail? _____ Yes _____ No _____

County Wastewater Permit Number # _____

Are there other wastewater sources on this property? _____

Other relevant information: _____

County Well Permit Number # _____ New Mexico State Engineer's Well Permit # _____

On site _____ Off site _____ Private _____ Shared _____ Community water system _____

Location of well (address) _____

Minimum septic tank pumping frequency from management plan: _____ years

The above information is true to the best of my knowledge.

Owner name _____ Date _____
(print)

Signature _____

EVALUATION INFORMATION:

Evaluating Company _____

System Evaluator _____
(Print)

NAWT Registration No. _____ Expiration Date _____ Phone _____

Signature _____

WASTEWATER (SEPTIC) SYSTEM:

System Type, Conventional _____, Alternative (Type) _____

Total wastewater flow on property (GPD) _____

CONVENTIONAL TREATMENT (Septic Tank) UNIT:

Tank Depth (from ground surface to Top) _____ Structural integrity of tank _____

Septic tank size in gallons _____ Material of tank _____ Tank manufacture _____

Material of baffles: Inlet _____ Center _____ Outlet _____ Effluent Filter _____

NMED# _____ Additional information _____

ALTERNATIVE TREATMENT UNIT:

Type _____

Maintenance Contractor _____

Maintenance Contract Expiration date: _____, Date of Last Maintenance Visit _____

Attach record of Maintenance Visits and Reports.

DISPOSAL SYSTEM:

Trench(es) _____ Bed _____ Seepage pit(s) _____ Gravelless Specify _____ Dosing _____

Drip _____ Other _____, Dbox _____,

Drainfield area square feet _____ Number of trenches _____ Width of trench(es) _____

Length of trenches _____ Depth of stone below pipe _____ Depth of trench(es) _____

Does system contain Pump? _____ Pump Type _____

Additional information: _____

EVALUATION PROCEDURE (To be completed by Evaluating Company):

1. Located, accessed, and opened the tank covers.
2. Check water level in tank, sludge & scum level, inlet & outlet tee(s), baffle wall and riser lids.
3. Pumped out tank, listened and observed for backflow into the tank from the outlet pipe.
4. Inspect the condition of the tank for cracks, infiltration, deterioration and damage.
5. Check approx. tank and disposal field setback(s) distances to watersource(s)(well(s), waterlines), structures.
6. Inspect/Probe the disposal field to determine its location and to check for excessive moisture, odor, and/or effluent.

____ Yes ____ No Any indication of a previous failure?
____ Yes ____ No Visible Seepage?
____ Yes ____ No Lush Vegetation?
____ Yes ____ No Ponding water in disposal area?

Comments _____

7. Is lid or riser on tank within six inches of the surface? If not, a riser needs to be installed.
Was riser installed? _____ Yes _____ No

8. Does the system contain a dosing or pump tank? If so,
____ Yes ____ No Does the pump work?
____ Yes ____ No Integrity of tank (cracks, infiltration, etc.)?
____ Yes ____ No Is the pump elevated off the bottom of the chamber?
____ Yes ____ No Is there a check valve and a purge hole?
____ Yes ____ No Is there a high water alarm?
____ Yes ____ No Does the alarm work?
____ Yes ____ No Do electrical connections appear satisfactory?
____ Yes ____ No Did you clean the pump?

Explanation of answers if necessary:

SUMMARY:

Septic Tank is in the following condition: Acceptable _____ Unacceptable _____

Disposal system is in the following conditions: Acceptable _____ Unacceptable _____

If applicable pump and related parts are: Acceptable _____ Unacceptable _____

IF EXISTING SYSTEM HAS NO PERMIT, ATTACH ON A SEPARATE PAGE A SKETCH OF THE SYSTEM TO SCALE (1"=20' or 30' or 40'):

Sketch should include all structures on lot, tank, disposal field and watersource(s) (well(s), waterlines).

This report shall not be construed as a warranty that the system will function properly. Because of the numerous factors (usage, soil characteristics, previous failures, etc.) which may effect the proper operation of a septic system

_____ disclaims any warranty, either expressed or implied, arising
(Evaluating Company)

from the evaluation and inspection of the wastewater system or this report.

Bernalillo County Environmental Health may make verification of the above information. Furthermore, the undersigned is hereby informed to bring said wastewater system up to current Bernalillo County Environmental Health standards should the system fail.

THIS FORM, COMPLETED AND SIGNED, WILL SUFFICE FOR A WASTEWATER OPERATING APPLICATION IF A MANAGEMENT PLAN IS INCLUDED.

ATTACHMENTS REQUIRED

- ◆ Site plan (1 copy) - Required if existing system has no permit.
- ◆ Management Plan - Required with all permits.
- ◆ Floor Plan – Required if existing system has no permit.

